

**WISCONSIN MEDICAID  
STAT-PA DRUG WORKSHEET FOR  
C-III AND C-IV STIMULANTS AND ANTI-OBESITY DRUGS**

This worksheet is to be used by pharmacists and dispensing physicians only.

<b>Name — Recipient</b>	
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The Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system will ask for the following items in the order listed below:

<b>GENERAL INFORMATION</b>	
<b>Wisconsin Medicaid Provider Number</b>	
<b>Recipient Medicaid Identification Number</b>	
<b>National Drug Code</b>	
<b>Prescriber's Drug Enforcement Administration Number</b>	
<b>Diagnosis Code</b> Use the most appropriate <i>International Classification of Diseases, Ninth Revision, Clinical Modification</i> diagnosis code. The decimal is not necessary.	
<b>Place of Service (Patient Location)</b> Use patient location code "00" (Not Specified), "01" (Home [IV-IM Services Only]), "04" (Long Term/Extended Care), "07" (Skilled Care Facility), or "10" (Outpatient).	
<b>Date of Service</b> The date of service may be up to 31 days in the future, or up to four days in the past.	
<b>Days' Supply Requested*</b>	

<b>CLINICAL INFORMATION</b>	
A. Enter the recipient's height in inches using a two-digit format. For example, if the recipient's height is 5' 10", enter "70."	
B. Enter the recipient's weight in pounds using a three-digit format. STAT-PA will then calculate the body mass index (BMI) using a formula.	
1. If BMI is $\geq 30$ , the PA will be approved for a maximum of 186 days.	
2. If BMI is $<30$ , the provider will receive the following message: "Your prior authorization request requires additional information. Please submit your request on paper with complete clinical documentation."	

<b>STAT-PA RESPONSE</b>	
<b>Assigned PA Number</b>	
<b>First Date of Service</b>	
<b>Expiration Date</b>	
<b>Number of Days Approved</b>	

<b>ADDITIONAL INFORMATION</b>	
The pharmacist learned of this diagnosis or reason for use when:	
<input type="checkbox"/> The patient informed the pharmacist through patient consultation. In most cases, it is possible to learn the necessary information from the patient.	
<input type="checkbox"/> The physician wrote the diagnosis or reason for use on this form or on a prior prescription order for this drug.	
<input type="checkbox"/> The physician or personnel in the physician's office informed the pharmacist by telephone, either now or on a previous occasion.	
Check the appropriate box:	
<input type="checkbox"/> This is a new PA request.	
<input type="checkbox"/> This is a renewed PA request.	

\*Days' supply requested equals the total days allowed by prescription. For example, for a six-month supply, providers should enter "186."